

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400249050

Date Received:

02/08/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 8960
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: Kieth Caplan
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-123-34914-00
6. County: WELD
7. Well Name: Antelope
Well Number: L-17
8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 639 feet Direction: FNL Distance: 1997 feet Direction: FWL
As Drilled Latitude: 40.404870 As Drilled Longitude: -104.349280

GPS Data:

Data of Measurement: 02/06/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 1309 feet. Direction: FNL Dist.: 2565 feet. Direction: FWL
Sec: 17 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1309 feet. Direction: FNL Dist.: 2565 feet. Direction: FWL
Sec: 17 Twp: 5N Rng: 62W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/18/2012 13. Date TD: 01/24/2012 14. Date Casing Set or D&A: 01/18/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6805 TVD** 6721 17 Plug Back Total Depth MD 6758 TVD** 6721

18. Elevations GR 4691 KB 4701

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CEMENT BOND LOG, GAMMA RAY, COMPENSATED DENSITY, COMPENSATED NEUTRON, HIGH RES. INDUCTION

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	8+5/8	24	0	426	430	0	426	CALC
1ST	7+7/8	4+1/2	11.60	0	6,758	465	2,790	6,805	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,498		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,234		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,376		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,608		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,634		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Bryan Brown
 Title: Drilling Engineer Date: 2/8/2012 Email: bbrown@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400249083	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2531950	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
1532015	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249050	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249079	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262891	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Uploaded template	3/20/2012 5:48:48 AM
Permit	Waiting on directional template.	3/16/2012 9:37:32 AM
Permit	Uploaded triple combo LAS.	3/5/2012 12:55:10 PM
Permit	Waiting on triple combo LAS log and Hard copy logs.	3/2/2012 7:31:04 AM

Total: 4 comment(s)